Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0460044	CONNECTICUT GOLF CLUB				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
915 BLACK ROCI	K TURNPIKE	Connections			1			

Towns Served: EASTON

Monitoring Requirements							
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)						
Total Coliform (3100)		1 rout	ine (RT) per quarter				
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Physical Parameters (PPS)		1 rout	ine (RT) per quarter				
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18	10/1-11/30	Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						

Water System Facil	tv: FNT	RY POINT (	WSF ID: 00700)
water system rach	LV. LIVI	NI POHNI I	W3F ID. 00/00/

Nitrate And Nitrite (NOX)	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18	4/1-11/30	Complete
	1/1/19 - 12/31/19	4/1-11/30	_
	1/1/20 - 12/31/20	4/1-11/30	

### **Other Compliance Schedules**

Compliance Schedule Activity

CROSS CONNECTION SURVEY REPORT

3/1/2017

CRUSS CC	DINNECTION SURVEY REPUR	र। 	3/ 3	1/201/		
	W	later System Facili	ity and Sampling P	oint Ir	nventoi	ſy
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		BS	BAR SINK	Α	Υ	Υ
		BSMTUTILITY	BASEMENT UTILITY SNK	Α	Υ	Υ
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		KSD	KIT SNK DOUBLE	Α	Υ	Υ
		RRLCR	RR LADY CHANGING RM	Α	Υ	Υ
		RRMCRSNK1	RR MENS CHG SNK 1	Α	Υ	Υ
		RRMCRSNK2	RR MENS CHG SNK 2	Α	Υ	Υ
		RRMCRSNK3	RR MENS CHG SNK 3	Α	Υ	Υ
		RRMCRSNK4	RR MENS CHG SNK 4	Α	Υ	Υ
		RRMCRSNK5	RR MENS CHG SNK 5	Α	Υ	Υ
		RRMCRSNK6	RR MENS CHG SNK 6	Α	Υ	Υ
		RROFFLEFT	RR OFFICE LEFT	Α	Υ	Υ
		RROFFRIGHT	RR OFFICE RIGHT	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name Classification Population Owner Type Pr						Primary Source					
CT0460044	CONNECTICUT GOLF CLUB				NC	25	Р	GW			
Local Address (where applicable) Ser			Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural			
915 BLACK ROC	Connections			1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: EASTON

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR
56928	WELL #2	2	WELL #2	Α					
56930	STORAGE TANK #1								
56932	STORAGE TANK #2								

			Contact Info	ormation				
Name			Organization	 			Job Title	
Ms. Deborah Walle	nta		Connecticut	Golf Club				
Mailing Address Line	e One		Mailing Address Line Two			City	State	Zip Code
915 Black Rock Turr	pike				Easton		СТ	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ac	ldress		
203-261-2544				203-459-0367				
Contact Role(s): Ac	dministrative	Contact						
Name			Organization	1			Job Title	
Connecticut Golf Cl	ub							
Mailing Address Line	e One		Mailing Address Line Two			City	State	Zip Code
915 Black Rock Rd					Easton		СТ	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ac	ldress		
Contact Role(s): O	wner							
Name			Organization	1			Job Title	
Mr. Randall Johnso	n		Connecticut	Golf Club		President		
Mailing Address Line	e One		Mailing Address Line Two			City	State	Zip Code
412 Purdy Hill Rd					Monroe		СТ	06468
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ac	ldress		

Contact Role(s): Legal Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0460074	GREISER GENERAL STORE				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
299 CENTER RO	AD	Connections			1			

Towns Served: EASTON

59344 BLADDER TANKS

Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	00600)							
Total Coliform (3100) 1 routine (R								
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

	Water System Facility and Sampling Point Inventory									
Water System	Water System Facility	Sampling Point			Total Coliform	Lead and Copper Stage				
Facility IL		ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		BSMTUTILITY	BASEMENT UTILITY SNK	Α	Υ	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		RRF1	RR 1ST FLOOR	Α	Υ	Υ				
		RRF2N01	RR 2ND FLOOR NO 1	Α	Υ	Υ				
		RRF2N02	RR 2ND FLOOR NO 2	Α	Υ	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
20854	WELL	2	WELL	Α		<u> </u>				
59342	TREATMENT PLANT									

Contact Information										
Name		Organization	1	Job Title						
Mr. Richard Greise	r									
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
299 Center Road						Easton		СТ	06612	
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Ad	dress			
202 200 0554										

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT0460074	CT0460074 GREISER GENERAL STORE					NC	25	Р	GW
Local Address	(where applicable)		Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural
299 CENTER RO	299 CENTER ROAD Connections					1			
Towns Served: EASTON									
203-208-95	21								

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0460084	EASTON VILLAGE STORE				NC	25	Р	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
438 SPORT HILL	ROAD	Connections			1			

Towns Served: EASTON

Monitoring Re	auirements		
<u> </u>	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)		1	*: /DT)
Total Coliform (3100)	Manitorina Dovid		tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19	_	
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT - WELL 2 (WSF ID: 00701)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP - WELL 2 (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
	, , , , , , , , , , , , , , , , , , , ,		

Other	Comp	liance	Schedu	ıles
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Compliance Schedule ActivityDue DateAchieved DateRESPOND TO SANITARY SURVEY1/3/20191/2/2019

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

<b>Public Notification</b>	Requirements
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Compliance Notice <u>Public Notification</u> <u>PN Certification</u>

Violation/Situation

Period Tier Required Performed Due to DPH Received

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

	C 1: 1 D		וז יוו חי	1.1	D	. 1 .	TAT			
	Connecticut Dep Water Ou	artment of ality Monit				_	_		ection	
PWS ID	PWS Name	<u> J                                 </u>	- 8 -				_		ner Type Pr	imary Source
CT046008	4 EASTON VILLAGE STORE					NC		25	Р	GW
Local Add	ress (where applicable)		Service	Resident	tial	Commerc	ial Ir	ndustrial	Combined	Agricultural
	T HILL ROAD		Connections			1				
Towns Se	rved: EASTON					педанса	, .,	Jonnea	<del>540 to 5111</del>	necerveu
Distribution	on Color MCL Violation	10/1,	/11 - 12/31/11	2		3/22/2012			4/1/2012	
Distribution	on Color MCL Violation	7/1/	/11 - 9/30/11	2		3/22/2012			4/1/2012	
Distribution	on Color MCL Violation	4/1/	/11 - 6/30/11	2		3/22/2012			4/1/2012	
Distribution	on Color MCL Violation	1/1/	/11 - 3/31/11	2		3/22/2012			4/1/2012	
Distribution	on Turbidity MCL Violation	10/1/	/11 - 12/31/11	2		3/22/2012			4/1/2012	
Distributi	on Turbidity MCL Violation	7/1/	/11 - 9/30/11	2		3/22/2012			4/1/2012	
Distribution	on Turbidity MCL Violation	4/1/	/11 - 6/30/11	2		3/22/2012			4/1/2012	
Distributi	on Turbidity MCL Violation	1/1/	/11 - 3/31/11	2		3/22/2012			4/1/2012	
Distributi	on Color MCL Violation	1/1/	/12 - 3/31/12	2		6/14/2012			6/24/2012	
Distributi	on Turbidity MCL Violation	1/1/	/12 - 3/31/12	2		6/14/2012			6/24/2012	
Distribution	on Color MCL Violation	4/1/	/12 - 6/30/12	2		9/8/2012			9/18/2012	
Distribution	on Turbidity MCL Violation	4/1/	/12 - 6/30/12	2		9/8/2012			9/18/2012	
Distribution	on Turbidity MCL Violation	4/1/	/13 - 6/30/13	2	1	10/30/2013	3		11/9/2013	
Distribution	on Turbidity MCL Violation	10/1/	/13 - 12/31/13	2		3/16/2014			3/26/2014	
	Water	System Facili	ity and Sar	npling	Ро	int Inve	ento	ry		
Water						_	otal	Lead and	1	
System	Water System Facility	Sampling Point		nt			liform		A - l t	Stage
Facility ID		ID	Description	. 6.46751.4		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPF
00600			DISTRIBUTION	U						
	DISTRIBUTION SYSTEM	4				A	Υ			
	DISTRIBUTION SYSTEM	DOWNSTREAM	WITHIN 5 SER	VICE CON		Α			.,	
	DISTRIBUTION SYSTEM	DOWNSTREAM KSD	WITHIN 5 SER	VICE CON		A A	Υ		Y	
	DISTRIBUTION SYSTEM	DOWNSTREAM KSD KSHS1	WITHIN 5 SER KIT SNK DOUB KIT HAND SNI	VICE CON BLE < 1		A A A	Y Y		Υ	
	DISTRIBUTION SYSTEM	DOWNSTREAM  KSD  KSHS1  KSHS2	WITHIN 5 SER KIT SNK DOUI KIT HAND SNI KIT HAND SNI	EVICE CON BLE < 1		A A A	Y Y Y		Y Y	
	DISTRIBUTION SYSTEM	DOWNSTREAM KSD KSHS1 KSHS2 KSHS3	WITHIN 5 SER KIT SNK DOUI KIT HAND SNI KIT HAND SNI KIT HAND SNI	EVICE CON BLE < 1 < 2 < 3		A A A	Y Y Y		Y Y Y	
	DISTRIBUTION SYSTEM	DOWNSTREAM KSD KSHS1 KSHS2 KSHS3 KSHS4	WITHIN 5 SER KIT SNK DOUI KIT HAND SNI KIT HAND SNI KIT HAND SNI	EVICE CON BLE (1 (2 (3 (4		A A A A	Y Y Y Y		Y Y Y	
	DISTRIBUTION SYSTEM	DOWNSTREAM KSD KSHS1 KSHS2 KSHS3 KSHS4 KSTS	WITHIN 5 SER KIT SNK DOUB KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT SNK TRPL	EVICE CON BLE (1 (2 (3 (4 SNK		A A A A A	Y Y Y Y Y		Y Y Y Y	
	DISTRIBUTION SYSTEM	DOWNSTREAM KSD KSHS1 KSHS2 KSHS3 KSHS4 KSTS	WITHIN 5 SER KIT SNK DOU! KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT SNK TRPL RR LADY ROO	EVICE CON BLE (1 (2 (3 (4 SNK		A A A A A A	Y Y Y Y Y		Y Y Y Y Y	
	DISTRIBUTION SYSTEM	DOWNSTREAM KSD KSHS1 KSHS2 KSHS3 KSHS4 KSTS RRLR RRMR	WITHIN 5 SER KIT SNK DOUI KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT SNK TRPL RR LADY ROO RR MENS RR	EVICE CON BLE 〈 1 〈 2 〈 3 〈 4 SNK M	J	A A A A A A	Y Y Y Y Y		Y Y Y Y	
		DOWNSTREAM KSD KSHS1 KSHS2 KSHS3 KSHS4 KSTS RRLR RRMR UPSTREAM	WITHIN 5 SER KIT SNK DOU! KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT SNK TRPL RR LADY ROO RR MENS RR WITHIN 5 SER	EVICE CON BLE 〈 1 〈 2 〈 3 〈 4 SNK M	J	A A A A A A A A	Y Y Y Y Y		Y Y Y Y Y	
00701	ENTRY POINT - WELL 2	DOWNSTREAM  KSD  KSHS1  KSHS2  KSHS3  KSHS4  KSTS  RRLR  RRMR  UPSTREAM	WITHIN 5 SER KIT SNK DOUE KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT SNK TRPL RR LADY ROO RR MENS RR WITHIN 5 SER EP - WELL 2	EVICE CON BLE 〈 1 〈 2 〈 3 〈 4 SNK M	J	A A A A A A A A	Y Y Y Y Y		Y Y Y Y Y	
58619	ENTRY POINT - WELL 2 WELL 2	DOWNSTREAM KSD KSHS1 KSHS2 KSHS3 KSHS4 KSTS RRLR RRMR UPSTREAM	WITHIN 5 SER KIT SNK DOU! KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT SNK TRPL RR LADY ROO RR MENS RR WITHIN 5 SER	EVICE CON BLE 〈 1 〈 2 〈 3 〈 4 SNK M	J	A A A A A A A A	Y Y Y Y Y		Y Y Y Y Y	
58619 58622	ENTRY POINT - WELL 2 WELL 2 TREATMENT PLANT	DOWNSTREAM  KSD  KSHS1  KSHS2  KSHS3  KSHS4  KSTS  RRLR  RRMR  UPSTREAM	WITHIN 5 SER KIT SNK DOUE KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT SNK TRPL RR LADY ROO RR MENS RR WITHIN 5 SER EP - WELL 2	EVICE CON BLE 〈 1 〈 2 〈 3 〈 4 SNK M	J	A A A A A A A A	Y Y Y Y Y		Y Y Y Y Y	
58619	ENTRY POINT - WELL 2 WELL 2	DOWNSTREAM  KSD  KSHS1  KSHS2  KSHS3  KSHS4  KSTS  RRLR  RRMR  UPSTREAM	WITHIN 5 SER KIT SNK DOUE KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT SNK TRPL RR LADY ROO RR MENS RR WITHIN 5 SER EP - WELL 2	EVICE CON BLE 〈 1 〈 2 〈 3 〈 4 SNK M	J	A A A A A A A A	Y Y Y Y Y		Y Y Y Y Y	
58619 58622	ENTRY POINT - WELL 2 WELL 2 TREATMENT PLANT	DOWNSTREAM  KSD  KSHS1  KSHS2  KSHS3  KSHS4  KSTS  RRLR  RRMR  UPSTREAM  3 2	WITHIN 5 SER KIT SNK DOUE KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT HAND SNI KIT SNK TRPL RR LADY ROO RR MENS RR WITHIN 5 SER EP - WELL 2	EVICE CON BLE (1 (2 (3 (4 SNK M	N N	A A A A A A A A	Y Y Y Y Y		Y Y Y Y Y	

Contact Information									
Name		Organization Job Titl							
Dr. Marsel Huribal							Owner		
Mailing Address Line One Mailing Addr				ress Line Two		City		State	Zip Code
440 Sport Hill Road						Easton		СТ	06612
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
203-268-5618		203-445-2	2810		203-257-9171	mhuribal@aol.com			
ontact Role(s): Administrative Contact. Owner									

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut	Depa	irtment	of Public	Health	Drir	ıking	g Water	Section			
	Wate	r Qua	lity Mon	itoring a	and Con	nplia	nce S	Schedul	e			
PWS ID	PWS Name					Classifi	cation	Population	Owner Type	Primary Source		
СТ0460084	EASTON VILLAGE ST	ΓORE				N	С	25	Р	GW		
Local Address (w	ocal Address (where applicable)				Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural		
38 SPORT HILL ROAD				Connection	ons							
Towns Served: EA	ASTON					,		,				
Name				Organization	Organization				Job Title			
Easton Village Ce	enter LLC Qc/Cov											
Mailing Address I	ine One		Mailing Addr	ess Line Two			City		State	Zip Code		
438 Sport Hill Rd							Easton		СТ	06612		
Business Phone Extension Fax Mo		bile Phone	ile Phone Emergency F		y Phone Email Ad							
Contact Role(s)	Legal Contact Own	nor			*							

#### Contact Role(s): | Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0460104	OLDE BLUE BIRD INN				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
357 BLACKROC	( TURNPIKE (ROUTE 58)	Connections			1			

Towns Served: EASTON			1
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)			outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Nitrate And Nitrite (NOX)			outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0460104	OLDE BLUE BIRD INN				NC	25	Р	GW
Local Address (\	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
357 BLACKROC	K TURNPIKE (ROUTE 58)	Connections			1			

Towns Served: EASTON

Monitoring Requirements								
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year					
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
Water System Facility: WELL (WSF ID: 20857)								
E. Coli (3014)		1 routine (RT) per quarter						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>					
WELL (2)	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					

Public Notification Requirements								
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certi	<u>fication</u>		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
REVISED TOTAL COLIFORM RULE (RTCR)	12/22/17 - 4/13/18	3	5/6/2018		5/16/2018			
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	12/22/17 - 4/13/18	2	5/6/2018		5/16/2018			

4/1/19 - 6/30/19 7/1/19 - 9/30/19

#### **Water System Facility and Sampling Point Inventory Total** Lead and Water **Water System Facility** Sampling Point Sampling Point Coliform System Copper Stage ID Description Facility ID Rule Tier Asbestos WQP 2 DBPR Rule Status 00600 **DISTRIBUTION SYSTEM** 4 **DISTRIBUTION SYSTEM** Α Υ DOWNSTREAM WITHIN 5 SERVICE CON

		DOWNSTILLAN	WITHIN 5 SERVICE CON	$\overline{}$		
		HSFRONT	HAND SINK FRONT	Α	Υ	Υ
		KSTS	KIT SNK TRPL SNK	Α	Υ	Υ
		KSUTS	KIT SNK UTILITY SNK	Α	Υ	Υ
		RRLR	RR LADY ROOM	Α	Υ	Υ
		RRMR	RR MENS RR	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
20857	WELL	2	WELL	Α		

55069 BLADDER TANK

55071 TREATMENT PLANT

			C	ontact Inf	ormation				
Name			Organization	Organization Job Title					
Mr. Martin Wieser				Bluebird Pro	perties Inc, LLC		Property Owner		
Mailing Address Lin	e One		Mailing Add	ress Line Two		City State Zip			Zip Code
357 Blackrock Turn	pike					Easton		СТ	06612
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address			
203-268-2049		203-459-	1502		860-339-2976	mwieser2049@yahoo.com			
Contact Role(s): A	dministrative	Contact. Ow	ner		•				

Contact Role(s). Administrative Contact, Owner

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectici	it Depa	rtment o	of Public	Health	Drir	ıkıng	g Water	Section	
	Wat	er Qua	lity Moni	itoring a	nd Con	nplia	nce S	Schedul	e	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0460104	OLDE BLUE BIRD	INN				N	С	25	Р	GW
Local Address (v	vhere applicable)			Service	Residen	tial Co	mmerci	ial Industri	al Combine	ed Agricultural
357 BLACKROC	K TURNPIKE (ROUT	E 58)		Connectio	ns		1			
Γowns Served: Ε	ASTON							,	'	
Name				Organization					Job Title	e
Bluebird Prope	ties LLC									
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	Zip Code
357 Black Rock I	Road						Easton	1	СТ	06612
Business Phor	e Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email /	Address		
Contact Role(s)	Legal Contact O	wnor								

Contact Role(s): Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0460134	LION HILL FARM				NC	25	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
1020 SPORT HILI	ROAD	Connections					2	

Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance		Towns Served: EASTON	
Total Coliform (3100)   Monitoring Period   Collection Period   Compliance	g Requirements	Monitoring Re	
Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance	600)	Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	
Select from Inventory of Active Sampling Points   11/1/18 - 11/30/18   12/1/18 - 12/31/18   1/1/19 - 1/31/19   Complet   2/1/19 - 2/28/19   Complet   3/1/19 - 3/31/19   Complet   3/1/19 - 3/31/19   Complet   3/1/19 - 5/31/19   Complet   3/1/19 - 7/31/19   Complet   3/1/19 - 8/31/19   Complet   3/1/19 - 8/31/19   Complet   3/1/19 - 10/31/19   Complet   3/1/19 - 1/31/19   Complet   3/1/19 - 1/31/19   Complet   3/1/19 - 3/31/19   S/1/19 - 3/31/19   S/1/19 - 3/31/19   Complet   3/1/19 - 3/31/19   S/1/19 - 3/31/19   S/1/19 - 3/31/19   Complet   3/1/19 - 3/31/19   S/1/19 - 3/31/19   S/1/19 - 3/31/19   Complet   3/1/19 - 3	1 r	Total Coliform (3100)	itine (RT) per month
12/1/18 - 12/31/18   1/1/19 - 1/31/19   Complet	Monitoring Period Collection Period	Sampling Point (Sampling Point ID)	Compliance Status
1/1/9 - 1/31/19   Complet	11/1/18 - 11/30/18	Select from Inventory of Active Sampling Points	
2/1/19 - 2/28/19   Complet	12/1/18 - 12/31/18		
3/1/19 - 3/31/19 Complet 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 11/1/18 - 11/30/18 12/1/18 - 12/31/18 11/1/19 - 1/31/19 Complet 2/1/19 - 2/38/19 Complet 3/1/19 - 3/31/19 Complet 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19	1/1/19 - 1/31/19		Complete
4/1/19 - 4/30/19   5/1/19 - 5/31/19   6/1/19 - 5/31/19   6/1/19 - 6/30/19   7/1/19 - 7/31/19   8/1/19 - 8/31/19   9/1/19 - 9/30/19   10/1/19 - 10/31/19     Physical Parameters (PPS)	2/1/19 - 2/28/19		Complete
5/1/19 - 5/31/19	3/1/19 - 3/31/19		Complete
6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 10/1/19 - 10/31/19  Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 11/1/18 - 11/30/18 12/1/18 - 12/31/18 1/1/19 - 1/31/19 Complet 2/1/19 - 2/28/19 Complet 3/1/19 - 3/31/19 Complet 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19	4/1/19 - 4/30/19		
7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 10/1/19 - 10/31/19  Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 11/1/18 - 11/30/18 12/1/18 - 12/31/18 1/1/19 - 1/31/19 Complet 2/1/19 - 2/28/19 Complet 3/1/19 - 3/31/19 Complet 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19	5/1/19 - 5/31/19		
8/1/19 - 8/31/19 9/1/19 - 9/30/19 10/1/19 - 10/31/19  Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 11/1/18 - 11/30/18 12/1/18 - 12/31/18 1/1/19 - 1/31/19 Complet 2/1/19 - 2/28/19 Complet 3/1/19 - 3/31/19 Complet 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19	6/1/19 - 6/30/19		
9/1/19 - 9/30/19 10/1/19 - 10/31/19  Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 11/1/18 - 11/30/18 12/1/18 - 12/31/18 1/1/19 - 1/31/19 Complet 2/1/19 - 2/28/19 Complet 3/1/19 - 3/31/19 Complet 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19	7/1/19 - 7/31/19		
10/1/19 - 10/31/19	8/1/19 - 8/31/19		
Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  11/1/18 - 11/30/18  12/1/18 - 12/31/18  1/1/19 - 1/31/19  Complet  2/1/19 - 2/28/19  Complet  3/1/19 - 3/31/19  Complet  4/1/19 - 4/30/19  5/1/19 - 5/31/19  6/1/19 - 6/30/19  7/1/19 - 7/31/19  8/1/19 - 8/31/19	9/1/19 - 9/30/19		
Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance of Compliance of Compliance of Compliance of Complete of Complet	10/1/19 - 10/31/19		
Select from Inventory of Active Sampling Points  11/1/18 - 11/30/18  12/1/18 - 12/31/18  1/1/19 - 1/31/19  Complet  2/1/19 - 2/28/19  Complet  3/1/19 - 3/31/19  Complet  4/1/19 - 4/30/19  5/1/19 - 5/31/19  6/1/19 - 6/30/19  7/1/19 - 7/31/19  8/1/19 - 8/31/19	1 r	Physical Parameters (PPS)	itine (RT) per month
12/1/18 - 12/31/18  1/1/19 - 1/31/19	Monitoring Period Collection Period	Sampling Point (Sampling Point ID)	Compliance Status
1/1/19 - 1/31/19 Complet 2/1/19 - 2/28/19 Complet 3/1/19 - 3/31/19 Complet 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19	11/1/18 - 11/30/18	Select from Inventory of Active Sampling Points	
2/1/19 - 2/28/19 Complet 3/1/19 - 3/31/19 Complet 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19	12/1/18 - 12/31/18		
3/1/19 - 3/31/19 Complet 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19	1/1/19 - 1/31/19		Complete
4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19	2/1/19 - 2/28/19		Complete
5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19	3/1/19 - 3/31/19		Complete
6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19	4/1/19 - 4/30/19		
7/1/19 - 7/31/19 8/1/19 - 8/31/19	5/1/19 - 5/31/19		
8/1/19 - 8/31/19	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
9/1/10 - 9/30/10	8/1/19 - 8/31/19		
J   1   2   3   3   1   3	9/1/19 - 9/30/19		
10/1/19 - 10/31/19	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)		Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate (1040) 1 routine (RT) per q	1 ro	Nitrate (1040)	tine (RT) per quarter
Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance	Monitoring Period Collection Period	Sampling Point (Sampling Point ID)	Compliance Status
ENTRY POINT (3) 10/1/18 - 12/31/18	10/1/18 - 12/31/18	ENTRY POINT (3)	
1/1/19 - 3/31/19 Complet	1/1/19 - 3/31/19		Complete
4/1/19 - 6/30/19	4/1/19 - 6/30/19		
7/1/19 - 9/30/19	7/1/19 - 9/30/19		
Nitrite (1041) 1 routine (RT) pe	1	Nitrite (1041)	outine (RT) per year
		Sampling Point (Sampling Point ID)	Compliance Status
ENTRY POINT (3) 1/1/18 - 12/31/18 Complet	1/1/18 - 12/31/18	ENTRY POINT (3)	Complete
1/1/19 - 12/31/19 Complet	1/1/19 - 12/31/19		Complete
1/1/20 - 12/31/20	1/1/20 - 12/31/20		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0460134	LION HILL FARM				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1020 SPORT HIL	L ROAD	Connections					2	

Towns Served: EASTON

Other Comp	Other Compliance Schedules							
Compliance Schedule Activity	Due Date	Achieved Date						
RESPOND TO SANITARY SURVEY	10/4/2013							
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	1/2/2014							
L1 ASSESSMENT (MULTIPLE TC+)	12/1/2016							
L1 ASSESSMENT (MULTIPLE TC+)	8/15/2018	·						
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)	9/29/2018							

Public Notification Requirements									
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certi	<u>fication</u>			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	12/2/16 -	2	7/22/2017		8/1/2017				
E. Coli M&R Violation	8/18/16 - 8/23/16	3	2/17/2018		2/27/2018				
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	8/16/18 -	2	9/16/2018		9/26/2018				
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	9/30/18 -	2	1/9/2019		1/19/2019				
Total Coliform M&R Violation	10/1/18 - 10/31/18	3	12/28/2019		1/7/2020				
E. Coli M&R Violation	8/30/18 - 9/5/18	3	12/28/2019		1/7/2020				
E. Coli M&R Violation	7/17/18 - 7/22/18	3	12/28/2019		1/7/2020				
Physical Parameters M&R Violation	12/1/18 - 12/31/18	3	3/14/2020		3/24/2020				
Physical Parameters M&R Violation	11/1/18 - 11/30/18	3	3/14/2020		3/24/2020				
Physical Parameters M&R Violation	10/1/18 - 10/31/18	3	3/14/2020		3/24/2020				
Total Coliform M&R Violation	12/1/18 - 12/31/18	3	3/14/2020		3/24/2020				
Total Coliform M&R Violation	11/1/18 - 11/30/18	3	3/14/2020		3/24/2020				
Nitrate M&R Violation	10/1/18 - 12/31/18	3	3/14/2020		3/24/2020				

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Wa	ater System Facili	ty and Sampling P	oint Ir	iventoi	ry		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPI
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	KSAPT1	KIT SNK APARTMENT 1	Α	Υ		Υ	
	KSAPT2	KIT SNK APARTMENT 2	Α	Υ		Υ	
	RRAPT1	RR APARTMENT 1	Α	Υ		Υ	
	RRAPT2	RR APARTMENT 2	Α	Υ		Υ	
	RRBARN	RR BARN	Α	Υ		Υ	
	RREQUINE	RR EQUINE FACILITY	Α	Υ		Υ	
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
	USBARN	UTILITY SINK BARN	Α	Υ		Υ	
00700 ENTRY POINT	3	ENTRY POINT	Α				
23021 WELL 1	2	WELL 1	Α				
23022 WELL 2	2	WELL 2	Α				

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Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule								
	DWS Namo	Classification	Donulation	Owner Type	Drim				

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Prir	mary Source
CT0460134	LION HILL FARM				NC	25	Р		GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed	Agricultural
1020 SPORT HIL	L ROAD	Connections					2		

Towns Served: EASTON

			C	ontact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Stephen Looney				Fair Hill Farn	า				
Mailing Address Lin	Mailing Address Line One Mailing Addr			ress Line Two		City		State	Zip Code
1060 Sport Hill Road	d					Easton		СТ	06612
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress		
203-994-6411					203-994-6411	steve@s	tl-constructi	on.com	

### Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source					
CT0460154	EASTON RACQUET CLUB			NC	25	Р	GW					
Local Address	(where applicable)	Service	Resident	tial Commerc	Commercial Industri		ed Agricultural					
36 WIMBLEDO	ON LANE	Connections		2								
Towns Served	: EASTON				·							
Monitoring Requirements												

Towns Served: EASTON									
Monitor	ing Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)								
Total Coliform (3100)		1 routine (RT) per quarte							
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Water System Facility: ENTRY POINT- CLUB HOUSE (WS	F ID: 00700)								
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
ENTRY POINT- CLUB HOUSE (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								
	1/1/20 - 12/31/20								
Water System Facility: ENTRY POINT- POOL HOUSE (WS	SF ID: 00701)								
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
ENTRY POINT- POOL HOUSE (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								
	1/1/20 - 12/31/20								

Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Col									
Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>							
1/1/18 - 12/31/18		Complete							
1/1/19 - 12/31/19									
1/1/20 - 12/31/20									
	1/1/18 - 12/31/18 1/1/19 - 12/31/19	Monitoring Period         Collection Period           1/1/18 - 12/31/18         1/1/19 - 12/31/19							

	Wate	r System Facili	ty and Sampling P	oint Ir	nvento	ry
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		BS	BAR SINK	Α	Υ	Υ
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		KSF2	KIT SNK 2ND FLOOR	Α	Υ	Υ
		RRLRF1L	RR LADY ROOM 1F L	Α	Υ	Υ
		RRLRF1R	RR LADY ROOM 1F R	Α	Υ	Υ
		RRMRF1L	RR MENS RM 1F L	Α	Υ	Υ
		RRMRF1R	RR MENS RM 1F R	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT- CLUB HOUSE	3	ENTRY POINT- CLUB HO	Α		
00701	ENTRY POINT- POOL HOUSE	3	ENTRY POINT- POOL HO	Α		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0460154	EASTON RACQUET CLUB			NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
36 WIMBLEDO	N LANE	Connections		2			

Towns Served: EASTON

	Water System Facility and Sampling Point Inventory												
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		tage DBPR				
55903	WELL 1	2	WELL	Α									
57098	WELL 2	2	WELL 2	Α									
57153	TREATMENT PLANT #1												
57155	TREATMENT PLANT #2												

			Contact Inf	ormation					
		Organization	1		Job Title				
			Easton Racq	uet Club	President				
e One		Mailing	Mailing Address Line Two City				State	Zip Code	
					Fairfield		СТ	06825	
Extension	Fax		Mobile Phone	Emergency Phone	E Email Address				
	203-254-9	9511		203-371-8512	krudolph@optonline.net				
		Extension Fax		e One Mailing Address Line Two  Extension Fax Mobile Phone	Extension Fax Mobile Phone Emergency Phone	Organization  Easton Racquet Club  e One Mailing Address Line Two  Fairfield  Extension Fax Mobile Phone Emergency Phone Email Ad	Organization  Easton Racquet Club  President  e One  Mailing Address Line Two  City  Fairfield  Extension  Fax  Mobile Phone  Emergency Phone  Email Address	Organization Job Title  Easton Racquet Club President  e One Mailing Address Line Two City State Fairfield CT  Extension Fax Mobile Phone Emergency Phone Email Address	

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT0460164	CT0460164 ST. DIMITRIE ROMANIAN ORTHODOX CHURCH					200	Р	GW
Local Address (	Service	Resider	tial Commerc		al Industri	al Combine	ed Agricultural	
500 SPORT HILI	ROAD	Connections			1			

Towns Served: EASTON

Monitoring Requirements								
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>								
Total Coliform (3100)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)	s (PPS) 1 routine (RT) per							
Consuling Boint (Consuling Boint ID)	Manitonina Donied	Callastian Davied	Commission on Charles					

Physical Parameters (PPS)	1 rout	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

### **Other Compliance Schedules**

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
56178	WELL 1	2	WELL 1	Α						
56182	PRESSURE TANK									
59398	TREATMENT PLANT									

Contact Information									
Name Organization								Job Title	
Mr. Sutiri Giavara			St. Dimitrie Church				Representative		
Mailing Address Line One		Mailing Address Line Two				City	State	Zip Code	
504 Sport Hill Road						Easton		СТ	06612
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
203-268-8237		203-814-2	2848		203-261-1149	sutiri@s	iri@sbcglobal.net		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS IDPWS NameClassificationPopulationOwner TypePrimCT0460164ST. DIMITRIE ROMANIAN ORTHODOX CHURCHNC200PLocal Address (where applicable)ServiceResidentialCommercialIndustrialCombinedA	training training training training training training training			9 0 1 1 0 01 01 1		
	ID PWS Name		Classification	Population	Owner Type	Primary Source
Local Address (where applicable)  Service Residential Commercial Industrial Combined A	ST. DIMITRIE ROMANIAN ORTHODOX CHURCH	NC	200	Р	GW	
	l Address (where applicable) Service	rvice Reside	lential Commerci	ial Industri	al Combine	ed Agricultural
500 SPORT HILL ROAD Connections 1	SPORT HILL ROAD Connections	onnections	1			

Towns Served: EASTON

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Do	epartment of	Public H	ealth	Drink	ing W	ater Se	ction		
	Water Q	uality Monit	oring and	d Com	plianc	e Sch	edule			
PWS ID	PWS Name							ner Type Pr	imary Source	
CT0460174	SILVERMAN'S FARM				NC	2	25	Р	GW	
Local Addres	s (where applicable)		Service	Resident	tial Comm	nercial Ir	ndustrial	Combined	Agricultural	
451 SPORT H	ILL ROAD		Connections		1	L				
Towns Serve	d: EASTON					,				
	Monitoring Requirements									
-	em Facility: DISTRIBUTIO	ON SYSTEM (WSF II	D: 00600)							
Total Colife									er quarter	
	ng Point (Sampling Point ID)				ng Period	Collect	ion Period		ance Status	
Select fr	rom Inventory of Active Sam	pling Points			12/31/18			Co	mplete	
				4/1/19 -						
7/1/19 - 9/30/19										
-	rameters (PPS)					o. 11			per quarter	
	ng Point (Sampling Point ID)				ng Period	Collect	ion Period	•	ance Status	
Select II	rom Inventory of Active Sam	ipling Points			12/31/18			Col	mplete	
4/1/19 - 6/30/19 7/1/19 - 9/30/19										
Matau Custs	TO SILITAN FAITDY DOIN									
-	em Facility: ENTRY POIN	(WSF ID: 00700)					4	· · · · /DT\		
Nitrate (10	•	1		Na witawi	on Donied	Callant			per quarter	
_	ng Point (Sampling Point ID)				ng Period	Collect	ion Period		ance Status	
ENIKYE	POINT (3)				12/31/18				mplete	
				4/1/19 - 7/1/19 -						
Nitrita (10	41\			//1/19 -	9/30/19		1	routino (D	T) per year	
Nitrite (10	41) ng Point (Sampling Point ID)	)		Monitoria	ng Period	Collect	ion Period		ance Status	
_	POINT (3)	<u>'</u>			12/31/18	Conce	ion i criou		mplete	
LIVITATI	Olivi (5)			1/1/19 - 12/31/19					Tipiete	
					12/31/20					
	Wate	er System Facili		<u> </u>	· ·	vento	rv			
Water	Truck	or oystem raem	ty and ban	.b8		Total	Lead and			
	ater System Facility	Sampling Point	Sampling Poir	nt		Coliform			Stage	
Facility ID		ID	Description		Status	Rule		Asbestos	WQP 2 DBPR	
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	А					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A					
		GREENHOUSE	GREENHOUSE	SINK	Α	Υ		Υ		
		KS	KIT SNK		Α	Υ		Υ		
		RR	V		Α	Υ		Υ		
		UPSTREAM	WITHIN 5 SER	VICE CON	I A					
00700 EN	NTRY POINT	3	ENTRY POINT		Α					
60278 W	'ELL #2	2	WELL #2		А					
		Con	tact Inforn	nation						
Name		Or	ganization					Job Title		

203\_268\_7589 202-218-4522 silvfarm@ontonline net NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Zip Code

06612

State

 $\mathsf{CT}$ 

City

Easton

Emergency Phone Email Address

Silverman's Farm

Mailing Address Line Two

Mobile Phone

Mr. Irving Silverman

451 Sport Hill Road

**Business Phone** 

Mailing Address Line One

Extension

Fax

	domicette	at Departine	ine of I abile II	Carti			, water	Decelon	
	Wa	ter Quality M	Ionitoring and	d Con	npl	liance S	Schedul	le	
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source								
CT0460174	SILVERMAN'S FA	ARM				NC	25	Р	GW
Local Address (v	where applicable)		Service	Resider	itial	Commerci	al Industri	al Combin	ed Agricultura
451 SPORT HILL	ROAD		Connections			1			
Towns Served: I									
203 201 330	0	203-200-7303		203-210	TJZ	2 JIIVIAII	пшоргоппп	Citicu	

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

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End of schedule